

DFAS - CO TRAVEL DIRECT DEPOSIT REPLY FORM

E0 9397 Applies in Collection of Privacy Act Information

EFT/CUSTOMER SERVICE 1-800-756-4571

I authorize my travel payments to be directly deposited into the financial account shown below. I further understand that I must notify DFAS-ADQR/CA (EFT Customer Service Section) of any banking changes that I make to this direct deposit account. To allow for processing time, please submit your banking information 14 days prior to the effective date of the change. Travel Payments are issued on a daily basis apart from paychecks being issued biweekly, therefore, deposits of travel payments can be made at any time.

Print Name (Last, First, Middle Initial)

Home Address (Street, City, State, Zip Code)

Social Security Number

PCS ☐ TDY ☐

CHECK ONE

Organization

Work Telephone Number

Signature

Date

Please return the completed reply form to the address below or fax your reply form to DSN 869-2458 or Commercial (614) 693-2458, ATTN: DFAS-ADQR/CA

**Defense Finance And Accounting Service -
Columbus
ATTN: DFAS-ADQR/CA
P.O. Box 369019
Columbus, OH 43236-9019**

ATTACH FINANCIAL ACCOUNT INFORMATION

Attach (1) voided personal check or (2) complete the blocks below before mailing or faxing.

CIRCLE ONE: CHECKING SAVINGS

BANK ROUTING NUMBER

ACCOUNT NUMBER

Attach Here

PRIVACY ACT STATEMENT

COLLECTION OF THE INFORMATION YOU ARE REQUESTED TO PROVIDE ON THIS FORM IS AUTHORIZED UNDER 31 cfr 208 AND/OR 210. THIS INFORMATION IS CONFIDENTIAL AND IS NEEDED TO PROVE ENTITLEMENT PAYMENTS. THE INFORMATION WILL BE USED TO PROCESS PAYMENT DATA FROM THE FEDERAL AGENCY TO THE FINANCIAL INSTITUTION AND/OR ITS AGENT.